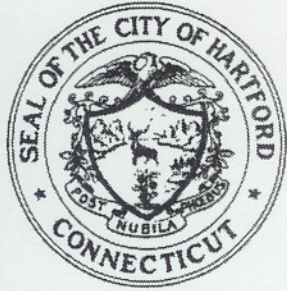


Hartford Police Department Citizens Academy



**June 9th to August 25, 2004
Wednesday nights 6:00-9:00 p.m.
Citizens Academy application**

Name: _____

Date of Birth: _____

Address: _____

Telephone #: _____

Emergency Contact:

Name: _____

Telephone #: _____

Address: _____

If you do not live in Hartford, please provide business name and address:

Yes!!! Please consider me for the Hartford Police Citizens Academy.

Signature

Please mail or fax this signed form to:

Hartford Police Department
Attn: Police Academy
Sgt. Boisvert or Ofc. Eisele
50 Jennings Rd.
Hartford, CT. 06120
Fax 722-6107